

The **Connecticut Medicaid Enterprise Technology System (CT METS)** is a Department of Social Services (DSS) initiative that seeks to modernize, improve, and align current information systems and business processes in support of agency priorities for the HUSKY Health Program, which includes Medicaid and the Children’s Health Insurance Program (CHIP). Key outcomes include improved experiences for members and providers of HUSKY Health, strengthened program integrity, and easier sharing of data among systems to help promote improved member outcomes. The project also seeks to promote efficiencies through streamlining of processing and system functions.

### CT METS Key Terms, Acronyms, and Definitions

Term	Acronym	Definition
Access Health Connecticut	AHCT	Health insurance marketplace that offers individuals, families, and small employers a range of qualified healthcare coverage options from health insurance carriers in public health care programs. Access Health CT also coordinates eligibility and enrollment with state Medicaid and Children’s Health Insurance Programs.
Administrative Services Organization	ASO	Organizations that enter into contracts with DSS to provide specified program services. Provides utilization management, benefit information, and intensive care management services within a centralized information system framework.
Advance Planning Documents	APD	Federal law requires states to request prior approval for enhanced Federal Funding Participation (FFP) through submission of an APD. An APD includes it a full description of the approach, timeline, and costs intended to manage the design, development, and implementation of projects.
Approved Work Plan		The contractor’s project work plan containing task, milestone, schedule, and other information as required by the contractor’s approved Project Management Plan (PMP), and which has been initially or subsequently baselined and approved by the Program Director or his designee. Updated work plans shall also constitute the considered to be Approved Work Plan inclusive of all actual or projected milestone dates that are approved by the Program Director or his designee and in accordance with the approved PMP.
Architecture Governance Board	AGB	Provides high-level strategy and guidance to Medicaid Enterprise Information Technology Standards processes to enhance productivity and ensure effective and efficient use of information technology.
As-Is		The current business process model used to administer and operate the CT Medicaid and CHIP programs.
Awareness, Desire, Knowledge, Ability, Reinforcement	ADKAR	A proprietary five-stage model for facilitating successful implementation of organizational, government, and community change which incorporates a framework for understanding change starting at an individual level; used as a foundation to the Organizational Change Management Phase 1 of CT METS project.
Benecare		The dental Administrative Services Organization (ASO) for the HUSKY Health Program.

Business Network	BizNet	Managed by the Department of Administrative Services, online system allowing documents to be uploaded by state contractors in a .pdf format and viewed by State agencies that require these forms as part of the contracting process to improve efficiency and quality of transfer of information.
Business Process Modeling Notation	BPMN	A graphical representation for specifying business processes in a business process model. Originally developed by the Business Process Management Initiative (BPMI) and used by CMS as a standard for documenting Medicaid Business processes
Business Rules Engine	BRE	As part of the Service Oriented Architecture (SOA) technical framework, facilitates decision-making for standardized business rules' definitions, e.g. real-time information transfer with determination of customer and provider self-service web portal inquiries.
Center for Medicaid and CHIP Services	CMCS	A federal CMS division organized into seven groups that are responsible for the various components of policy development and operations for Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP). CMCS has an Innovation Accelerator Program (IAP) team dedicated to supporting innovation and enhancing partnerships with states.
Centers for Medicare and Medicaid Services	CMS	Federal agency of Department of Health and Human Services (HHS) with regional offices; administers Medicare and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.
Central Office	CO	The Central Administration of the Connecticut Department of Social Services, which is located at 55 Farmington Avenue, Hartford, CT 06105.
Change Control Board	CCB	Reviews, assesses, and manages project change requests and other process details submitted by the project team as part of the Change Management Plan.
Chief Fiscal Officer	CFO	Agency official responsible for financial operations, knowledge of costs distribution, and identifying and reporting trends throughout the agency.
Chief Information Security Officer	CISO	Supports implementation, distribution, enforcement, and maintenance of the security of information in and out of the agency
Children's Health Insurance Program	CHIP	The Children's Health Insurance Program, known in Connecticut as HUSKY B and part of the HUSKY Health Program, provides health coverage to children in families whose income is too high to meet Medicaid eligibility. Children covered under CHIP receive their medical services from a managed care plan or fee-for-service program. Families share in the costs of the program by paying monthly premiums and co-payments for some services.
Code of Federal Regulations	CFR, C.F.R.	The Code of Federal Regulations is a publication that includes the codification of the general and permanent rules and regulations established by Act of Congress (44 U.S.C. 1510) issued by the executive departments and Federal administrative agencies.

Community Health Network of CT, Inc.	CHN CT	The medical Administrative Services Organization contracted by DSS to administer and provide medical services to HUSKY Health members.
Concept of Operations	ConOps or COO	Provides a high-level approach to CT METS in terms of technical design, architecture, and analyses of the proposed system and alternatives, with two distinct phases.
Conduent		Conduent, formerly Xerox State Health Care, is the DSS Contractor for tasks related to screening and eligibility determination, premium billing collection, and providing medical spend down support to DSS.
Connecticut Behavioral Health Partnership	CT BHP	A working collaborative between the Department of Mental Health and Addiction Services (DMHAS), the Department of Children and Families (DCF), the Department of Social Services (DSS), Beacon Health Options, and legislatively mandated Oversight Council.
Connecticut Dental Health Partnership	CT DHP	Provides dental plan coverage for the HUSKY Health Program and is administered by Benecare, the state's dental Administrative Services Organization.
Connecticut General Statutes	CGS	Codified general statutes of Connecticut enacted via passage by the state's legislature (General Assembly) and signed into law by the Governor.
Connecticut Medicaid Enterprise Technology System	CT METS	The Connecticut Medicaid Enterprise Technology System (CT METS) is a large-scale Medicaid business process improvement and technology modernization initiative supported with CMS federal funds that supports the administration and operation of the Connecticut Medicaid program.
CT METS Liaison		A key CT METS stakeholder connecting a DSS business area with the CT METS Team acting to facilitate the collection and dissemination of information on behalf of a DSS Division functional business area
Data Management Strategy	DMS	Within the Medicaid Information Technology Architecture (MITA), provides the structure for handling the data created, stored, managed and processed across state Medicaid Enterprise boundaries.
Department of Administrative Services	DAS	DAS is the central administrative agency of Connecticut state government that houses a number of distinct programs that comprise the business functions of state government, including technology services and procurement support.
Department of Health and Human Services	HHS (formerly known as DHHS)	Federal agency whose mission is to enhance and protect the health and well-being of all Americans by providing effective Health and Human Services and fostering advances in medicine, public health, and social services.
Department of Social Services	DSS	The Department of Social Services (DSS) delivers and funds a wide range of programs and services as Connecticut's multi-faceted health and human services agency. DSS serves about 1 million residents of all ages in all 169 Connecticut cities and towns. DSS supports the basic needs of children, families, older and other adults, including persons with disabilities.
Design, Development, and Implementation	DDI	Fundamental building phase of a project. State Medicaid programs may receive an enhancing federal funding of

		90% for projects that comply with specific conditions and standards.
Diagnosis Related Groups	DRG	A system of payment for the operating costs associated with hospital stays. Classifies patients in groups for purposes of identifying “products” that a hospital provides based on International Classification of Diseases (ICD) diagnoses and used for determining Medicare and Medicaid payments for each “product.” As part of the system, each case is categorized into a Diagnosis Related Group (DRG).
Division of Health Services	DHS	A division of DSS comprising many core Medicaid business functions, including the Community Options Unit; Integrated Care Unit; Medical Operations Unit; Medical Policy and Clinical Consultation Team; Certificate of Need (CON) & Reimbursement Unit.
Document Management Process	DMP	As part of program management for CT METS, the project team will follow the DMP, a predictable and timely review and tracking process for project documents.
DXC Technology		DXC, formerly Hewlett Packard Enterprises (HPE), acts as the contracted fiscal agent for DSS supporting the provider credentialing and enrollment, claims processing, Medicare premium buy-in, pharmacy prior authorization, e-prescribing transaction support, and drug rebate collection and processing. DXC also provides a provider call center, client call center, provider relations representatives, provider communications, operates a website, and issues bulletins and newsletters. DXC also operates the data warehouse.
Electronic Clinical Quality Measures	eCQMs	Providers within DHS are encouraged to submit clinical quality measures using defined standards, such as Quality Reporting Document Architecture (QRDA) to report and measure clinical quality, ensure timely access to data for reporting, and support audits.
Electronic Data Interchange	EDI	A computer-to-computer exchange of business documents (data) in a standard format between trading partners. Under HIPAA, standard electronic transactions are required when submitting eligibility verification, claims, and other data to a payer, as well as related responses from a payer.
Electronic Visit Verification	EVV	An electronic system that verifies provision of in-home services and links such services directly with claims processing. In 2016, the EVV system was established in response to federal requirements set forth in the 21 <sup>st</sup> Century Cures Act (Cures Act), beginning with home health services and growing over time to include various waiver services.
Enterprise		The combination of information, information systems, business processes, and the entities in which these operate to administer a Medicaid program is collectively referred to as a “Medicaid Enterprise”
Enterprise Data Warehouse	EDW	DWs are central repositories of integrated data from one or more disparate sources and used for reporting and data analysis, and considered a core component of business intelligence.

Enterprise Master Person Index	EPMI	Implemented in January 2016, identifies individuals across systems, settings, and populations to enable a single, unified health record for statewide outcomes improvement and real-time health information exchange. Serves as an enterprise solution for maintaining consistent, accurate, and current demographic data, ensuring that each individual is represented once across all subscribing systems.
Enterprise Program Management Office	EPMO	DSS unit responsible for providing project management, coordination and implementation support for DSS projects.
Enterprise Service Bus	ESB	Information technology hub that electronically routes and manages the distribution of tasks integral to supporting the administration of the Medicaid Enterprise applications.
Federal Funds Participation or Federal Financial Participation	FFP	This is the percentage of Federal Medical Assistance Percentage that highlights the federal assistance provided to states. Implementing activities are matched 90% federal and 10% state funding. Software is reimbursed at 75% federal and 25% state.
Federal Poverty Level	FPL	Measure of income used by the federal Department of Health and Human Services (HHS) to determine eligibility for certain programs and benefits including the Medicaid and CHIP program.
Health Information Exchange	HIE	HIE allows health care professionals and patients to appropriately access and securely share a patient's medical information electronically.
Health Information Sharing Maturity Model	HISMM	The sharing of health information electronically across key stakeholders to improve healthcare practices with a Maturity Model designed to provide states with a mechanism to assess the maturity of health information exchange within the Medicaid Enterprise. HISMM ensures effective use of scarce resources, leverages common efforts, ensures best practices and lessons learned, and improves reuse of solutions across states.
Health Information Technology	HIT	Involves the exchange of health information in an electronic environment across consumers, providers and payers. DSS's Health Information Technology Strategic Plan provides achievable solutions for transforming the most valuable asset "data" into actionable information while implementing a scalable Medicaid health information exchange (HIE).
Health Information Technology for Economic and Clinical Health	HITECH	Enacted under Title XIII of the American Recovery and Reinvestment Act of 2009. Under the HITECH Act, the United States Department of Health and Human Services provides funding to states to promote and expand the adoption of Health Information Technology and promotes the adoption and meaningful use of health information technology
Health Insurance eXchange	HIX	DSS partners with Access Health CT, which operates the state-based health insurance exchange (HIX) portal through which Connecticut residents can apply for health insurance coverage, including HUSKY A & D, CHIP, and qualified health plans.



Health insurance for Uninsured Kids and Youth	HUSKY Health Program	The State of Connecticut's healthcare coverage program for Medicaid and the Children's Health Insurance Program. HUSKY Health provides a comprehensive healthcare benefit package, including preventive care, primary and specialist care, hospital visits, behavioral health services and supports, dental services, prescription medications and non-emergency medical transportation (Medicaid members only).
Health Insurance Portability and Accountability Act of 1996	HIPAA	HIPAA is Federal legislation passed by Congress in 1996 that requires the protection and confidential handling of protected health information. HIPAA specifies what medical and administrative code sets should be used within those standards; requires the use of the national identification systems for healthcare patients, providers, payers (or plans), and employers (or sponsors); and specifies the types of measures required to protect the security and privacy of personally identifiable healthcare information.
Health Management Systems	HMS	DSS Contractor that identifies third-party insurance liabilities, benefit recoveries, applied income dispositions, and accesses Medicaid Recovery Audit Contractor (RAC)
ImpaCT		DSS' Eligibility Management System.
Implementation Advance Planning Document	IAPD	IAPD documentation is required and submitted to HHS/CMS's Regional Office to receive approval for project implementation, such as the 2018 IAPD submission seeking approval and financial support for the design, development, and implementation (DDI) of new, modular Connecticut Medicaid Enterprise system.  IAPD contains nine sections as derived from the broader state-specific Health Information Technology IAPD template, including executive summary, results of activities, statement of needs and objectives, statement of alternative considerations, personnel resource statement, proposed activity schedule, proposed budget, and cost allocation plan for implementation activities; additionally includes appendices.
Implementation Advance Planning Document (Update)	IAPD(U)	IAPD(U) documentation is required and submitted to HHS/CMS's Regional Office occurring annually or as-needed, providing updates to the initially-approved project IAPD as to notable delays, changes to timeline or funding, or other adjustments to implementation.
Independent Verification and Validation	IV&V	The IV&V organization reports directly to the federal funding organization (CMS) and externally monitors both the Project Office and the Contractors' efforts as a critical component of project quality management systems in the CT METS program.
Information Technology Services	ITS	Division within DSS that supports maintaining, operating, developing, and enhancing information systems. Provides design, development, and implementation of applications enhancement and support of DSS information technology systems hardware, software, and data communications.
Instructional Design Method		An instructional design model provides guidelines or a framework to organize and structure the process of creating instructional activities. These models can be used

		to define an approach to achieve instructional goals. It is the practice of creating instructional experiences to help facilitate effective learning that is learner centered, goal oriented, and focused on real world performance with outcomes that can be measured.
interChange		Current name of MMIS under contract with DXC (see DXC), formally Hewlett-Packard Enterprises (HPE), since 2005.
JIRA		Project software that helps track, monitor, and communicate project issues and risks.
Key Performance Indicator	KPI	A KPI is a measurable value that demonstrates operational performance in meeting key business standards. Organizations establish KPIs at multiple levels to evaluate their success at reaching targets.
LEAN		A customer-focused initiative to improve processes based on optimizing value delivered to the public. It examines the existing way of doing business and works to eliminate what may be considered waste, redundancy of effort, excessive movement, waiting times between functions, etc.
Learning Management System	LMS	LMS is a software application for the administration, documentation, tracking, reporting, and delivery of electronic educational technology, also called e-learning courses or training programs
Master Service Agreement	MSA	Legal contract document that consolidates separate but related agreements between the same signing parties.
Medicaid Enterprise Certification Lifecycle	MECL	A certification process developed by CMS to accommodate the approaches that states employ to update or upgrade their MMIS systems. The MECL includes the activities necessary for states to complete the four-lifecycle phases: Initiation and Planning; Requirements, Design, and Development; Integration, Test and Implementation; and Operations & Maintenance. The MECL is a cornerstone of the Medicaid Enterprise Certification Toolkit (MECT) v2.3 and subsequent versions.
Medicaid Enterprise Certification Toolkit	MECT	Set of documentation, requirements, guidance, and tools developed by CMS to assist states in all phases of the MMIS lifecycle beginning with the preparation of an Advance Planning Document (APD) through the certification review process. The toolkit is stored on the CMS website as MMIS Checklist or MMIS Certification Checklist.
Medicaid Information Technology Architecture	MITA	MITA is a CMS initiative intended to foster integrated business and IT transformation across the Medicaid Enterprise to improve the administration of the Medicaid Program. MITA is a national framework that supports technologies aligned with Medicaid business processes that enable coordination with public health and other partners, including human services. It is a framework of integrated systems that communicate effectively through interoperability and common standards.
Medicaid Management Information System	MMIS	DSS' automated claims processing and information retrieval system certified by CMS and currently operated by DXC Enterprise Services. It is organized into six function areas--Member, Provider, Claims, Reference, Management

		and Administrative Reporting subsystem (MAR) and Surveillance and Utilization Review subsystem (SUR). For Medicaid purposes, the mechanized claims processing and information retrieval system which states are required to have, unless waived by the Secretary, is the Medicaid Management Information System (MMIS). Legacy MMIS implemented in 2008 by Hewlett-Packard enterprise services, now DXC technology; aka interChange.
Medical Equipment Devices and Supplies	MEDS	CT State Law (P.A. 14-217) requires the electronic transmission of prescriptions for reimbursements under Medicaid for durable medical equipment. The MEDS project facilitates direct messaging to submit MEDS electronic prescriptions utilizing the Health Information Service Provider, implemented in 2014 as part of a previously-approved HIT IAPD(U).
Mercer Consulting		Private consultant retained by the Department of Social Services (DSS) to help plan the future of Medicaid-funded services.
MITA Maturity Level	MML	<p>MITA is a CMS initiative intended to foster integrated business and IT transformation across the Medicaid Enterprise to improve the administration of the Medicaid Program. MITA is a national framework to support improved systems development and health care management for the United States Medicaid Enterprise. MITA is a national framework that has a number of goals, including development of seamless and integrated systems that communicate effectively through interoperability and common standards.</p> <p>DSS is seeking to increase MITA maturity by adopting enterprise-level technical systems components through which Medicaid systems are connected, promoting interoperability among agencies and ASOs.</p>
Module or Modularity		A technical solution that meets CMS requirements that groups business functions together as part of a larger, more complex information system with the ability to interoperate across systems and therefore agencies, and even states.
Myers & Stauffer		Contracted by DSS for services involving development and implementation of the case-mix reimbursement system that includes a case mix adjustment based on Minimum Data Set (MDS data for Medicaid facilities in the State. Hosts MDS portal housing Case Mix Index (CMI) reports, populated with facility and user information.
National Human Services Interoperability Architecture	NHSIA	Provides a framework to facilitate information sharing, improve service delivery, prevent fraud, and provide better outcomes for children and families. NHSIA brings together pieces from other architecture models such as the Federal Enterprise Architecture (FEA). NHSIA consists of seven viewpoints examining architecture from different business and technology perspectives. NHSIA offers a foundation for common understanding, interoperability, standards, and reuse.



North Highland Corporation, LLC, (NHC)		NHC is a private, for profit organization that entered into a contract with the Department of Social Services for Organizational Change Management services as a result of their response to a Request For Proposal.
Office of Attorney General	OAG	The Connecticut Office of Attorney General is the chief civil legal office(r) of the state, and represents the interests of the people of the state of Connecticut and all civil legal matters involving the state to protect the public interest, and to serve as legal counsel to all state agencies.
Office of Policy Management	OPM	State Agency that provides the information and analysis used to formulate public policy for the State and assists State agencies and municipalities in implementing policy decisions on the Governor's behalf.
Organizational and Skill Development	OSD	As the result of a partnership between the University of Connecticut School of Social Work and the Connecticut Department of Social Services wherein OSD is to provide Organizational Change Management enablement and support services for the Connecticut Medicaid Enterprise Technology System program for the Connecticut's State Medicaid Agency.
Organizational Change Management	OCM	A framework to evaluate an organization's current operational state, and subsequently manage the effect of new business processes, information systems, or technology changes within organizational structure or cultural changes within an enterprise.
Person Centered Medical Home	PCMH	A model or philosophy of primary care that is person centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.
Personal Health Record	PHR	Expansion effort through the Connecticut Department of Social Services/Division of Health Services Annual Health Information Technology IAPD to increase access to additional Medicaid recipients to accessing their own health information electronically, and to support goals for meeting Meaningful Use measures for patient electronic access to health information and coordination of care through patient engagement.
Personally Identifiable Information	PII	Any data that permits the identity of an individual to be directly or indirectly inferred, including any other information that is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, legal permanent resident, or a visitor to the U.S. CMS has created policy requirements for CMS staff and partners to notify proper authorities in the event that an incident (suspected or occurred), breach, or potential breach to PII has occurred as a result of noncompliance with privacy policies of the Department including accidental disclosure.
Pharmacy Management	PHM	DXC Technology Services and the Administrative Service Organizations interact together for core MMIS services, which include Pharmacy Benefit Management services. As part of the Pharmacy Management services, included are processing of pharmacy claims, prospective and retrospective drug utilization review prior authorizations,

		preferred drug lists, step therapy, e-prescribing support, and drug rebate processing.
Planning Advanced Planning Document	PAPD	A document that is submitted to HHS/CMS to secure approval of the planning needs to initiative a project and funding to begin a project. The CT METS PAPD was generated in 2017 to develop the Technical and Data Management Strategies, the MMIS Concept of Operations, and the initial requirements for the IV&V, OCM, and SI vendors.
PMI PMBOK Guide		The Project Management Institute's Project Management Body of Knowledge and framework is an industry standard for methodologies used in business and government information system management projects and portfolios.
Prior Authorization	PA	Health care services or goods that require a provider's prior submission to a payer to review for medical necessity in order to authorize payments for services
Program Architecture	PA	Design of the CT METS technology infrastructure, integration platform, and operational planning during Phase 1 of the project, with consideration to lowering risks of future operations. Phase 2 (DDI) of the project Program Architecture will assist the CT METS Technology infrastructure development, module component development, integration platform development, computing and hosting setup, and operations execution phase with a focus on lowering risks and future operations complexity and cost.
Project Management Methodology	PMM	A set of principles and processes evaluated for project fit and selection, and used to guide and manage a project. Examples include <i>Project Management Institute/Project Management Body of Knowledge (PMI/PMBOK)</i> , <i>Waterfall</i> , <i>Agile</i> , <i>Hybrid</i> , <i>Scrum</i> , <i>Lean</i> , <i>Six Sigma</i> , <i>Kanban</i> , <i>Critical Path Method</i> , <i>Event Chain Methodology (ECM)</i> , <i>Integrated Project Management</i> , and <i>Projects integration Sustainable Methods (PriSM)</i> . The CT METS project employs the PMI/PMBOK method mapping activities in the work breakdown structure (WBS) with advantages of prioritization and better scheduling. It mimics parts of other project management methodologies like the Waterfall and Critical Path Method as the initial planning phase is "front-heavy" in nature.
Project Management Office	PMO	The PMO for CT METS is an organizational unit with the CT METS program that supports the management and implementation of the CT METS program. This includes project management oversight and support, and technical and business subject matter expertise. The CT METS PMO is associated with the DSS' Enterprise Program Management Office (EPMO) that provides oversight and support for a portfolio of projects for DSS.
Project Management Plan	PMP	Document to understand project structure, scope, and overall plan of execution by which the project will be managed.
Project Management Team		Members comprising the project team who are directly involved in project management activities.

Project Manager	PM	A professional who may be certified in the field of project management, a project manager can have the responsibility of the planning, execution, and closing of any project, typically relating to construction industry, architecture, computer networking, telecommunications, or software development.
Project Schedule		An output of a schedule model that presents a link to activities with planned dates, durations, milestones, and resources.
Protected Health Information	PHI	PHI includes an individual's personal physical or mental health condition, provision of healthcare, payment of healthcare, and common identifiers like name, address, birth date, and Social Security number. Under the HIPAA Privacy Rule, standards are set for when PHI may be used and disclosed. Under the HIPAA Security Rule, safeguards are specified for covered entities and their business associates to protect the confidentiality, integrity, and availability of electronic protected health information or e-PHI.
Quality Assurance	QA	An office within DSS providing assurance for programmatic and fiscal integrity comprised of five divisions: audit, investigations and recoveries, special investigations, quality control, and third-party liability.
Quality Improvement	QI	A concept that includes key stakeholders analyzing and developing improvement strategies through the process of conducting assessments and reviewing data to prioritize trends or themes to develop a specific improvement goal. Root cause analyses and systemic issues identification help to form measurable goals and timeframes to support outcomes.
Quality Management	QM	Actions confirming that a quality product is delivered and conforms to contract requirements and meets the need of the customer within a process that is iterative and incremental. The process includes identification, planning, implementation, and execution of the plan. Once the plan is operational, the QA team leverages the plan to assess, measure, monitor, and continually improve the plan.
Requirements Traceability Matrix	RTM	A table or grid that maps each project requirement to a business need. Requirements are traced from its initiation to implementation.
Reuse		"Build Once, Reuse Often" strategy: application and data strategies and designs strive to follow a component-based, service-oriented architecture, resulting in solutions being built once, reused often and maintained easily over time.
Review Process #1, #2, #3	R1, R2, R3	States must adhere to updated federal requirements for Medicaid Information Technology Systems. Meeting these requirements requires certification by CMS. States must pass three milestone reviews during the duration of the Medicaid Enterprise Certification Lifecycle (MECL). The purpose of the reviews is for states to receive early feedback about issues that may impede certification. The first milestone review is known as R1 - Project Initiation Milestone Review, requiring artifacts like the Concept of Operations. The second milestone review is known as R2 –

		Operational Milestone Review, requiring artifacts including technical, operational, and management controls for the System Security Plan. The third milestone review is known as R3 – MMIS Certification Final Review, requiring a live demonstration of the product (R3).
Risk		Factor internal or external to the project that has the possibility of impacting the project's course.
Risks, Actions, Issues, Decisions	RAID	A managed system within JIRA to monitor and track risks (potential to adversely affect the project and need mitigation); actions (tasks to complete in project); issues (events that need to be managed and resolved); and decisions to act within the project.
Secure File Transfer Protocol	SFTP	File-based exchanges between legacy information systems and components received from web services or systems requiring a high level of security, both at the source and the destination, ensuring appropriate protection of sensitive data through electronic data interchange (EDI) file transfers between entities
Service Oriented Architecture	SOA	A software design strategy in which common functionality and capabilities (utility services) come with standard, well-defined interfaces. Provides flexibility to interact with other technical components over a network and can incorporate and integrate many different technologies.
Shared Services		Shared services is the concept whereby one part of an organization or group builds or provides a service that can be utilized by another part of the organization or group at less cost than provisioning the service alone. Thus, the funding and resourcing of the service is shared and the providing department effectively becomes an internal service provider.
SharePoint		SharePoint is a software tool that provides a secure central repository used by CT METS and its contractors' use to store, organize, share, and access information.
Social Determinants of Health	SDOH	Conditions under which people are born, grow, live, and die that influence a person's health
Stakeholder		An individual, group, or organization who may affect, be affected by, or perceive itself to be affected by a decision, activity, or outcome of a project, delineated by internal and external groups.
State Medicaid Agency	SMA	Connecticut Department of Social Services, the single State Medicaid Agency that oversees all state agencies and arranges services pertaining to Medicaid-funded programs.
State Medicaid Director	SMD	DSS's Division of Health Services Director responsible for oversight and direction of the State Medicaid and CHIP programs.
State Medicaid Manual	SMM	Made available to all State Medicaid agencies by the Centers of Medicare and Medicaid Services. Provides information and procedural material needed by the states to administer the Medicaid program. Provides mandates, advice, optional Medicaid policies and procedures, instructions, regulatory citations, and information for

		implementing provisions of Title XIX of the Social Security Act.
State Self-Assessment	SS-A	A high-level assessment conducted by DSS outlining current Medicaid business process architecture using CMS defined models, matrixes, and templates.
Steering Committee	SC	Project Governance model comprising an appointed leadership team and other members, meeting bi-weekly, to initiate and oversee project health and progress, providing advisory capacity with authority to act on risks and issues.
Subject Matter Expert	SME	An individual with functional understanding of a business function, process or technical area well enough to answer questions from people in other groups.
Substance Abuse and Mental Health Services Administration	SAMHSA	A branch of the Department of Health and Human Services (HHS) charged with improving the quality and availability of prevention, treatment, and rehabilitative services to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.
Super User		A Super User is a systems administration role with access to administration or management functions not available to routine users.
Supplemental Nutrition Assistance Program	SNAP	DSS-administered program that helps eligible individuals and families afford the cost of food at supermarkets, grocery stores, and farmers' markets. To receive SNAP benefits in Connecticut, household income and other resources (assets, in some cases) must be under certain limits and are reviewed. The income standards for SNAP are based on the federal poverty levels (FPL).
System Development Life Cycle	SDLC	A phased approach the State and its contractors will use in planning, creating, testing, deploying, and maintaining the CT METS platform including all components and modules that make up the Connecticut Medicaid Enterprise. The SDLC comprises the process to ensure management has timely, complete, and accurate information on the status of the projects in the system throughout the lifecycle. SDLC process supports three main areas: schedules and timelines, activities and milestones, and key decision points and gait/milestone reviews.
System Integrator	SI	A key resource used by an organization to identify, analyze, design and deploy complex IT solutions and implement enterprise-wide IT applications within an organization.
Target Operating Model		Reflects the functional design, organizational structure, and technology systems of a proposed business model. It is based on BPMN mapping of To-Be processes and technology requirements.
Technical Management Strategy	TMS	An important part of the Medicaid Information Technology Architecture (MITA) and identified through the State Self-Assessment (SSA) as a part of the MITA approach to promote federal goals of collaboration between states, CMS, and vendors.
Temporary Family Assistance (aka	TFA (aka TANF)	Federal legislation providing block grants to states to fund programs that provide services and benefits to income-eligible families.



Temporary Assistance for Needy Families)		
Third Party Liability	TPL	Third Party Liability (TPL) refers to the legal obligation of third parties (e.g., certain individuals, entities, insurers, or programs) to pay part or all of the expenditures for medical assistance furnished under a Medicaid state plan.
To-Be		The resulting future Medicaid Enterprise operating model that the CT METS initiative seeks to attain whereby business-processes are aligned with information technology systems.
User Acceptance Testing	UAT	Used in system acceptance sign-off process (last phase) of the software testing process. Ensures software is ready to roll out to stakeholders.
User Experience Design	UX	Process of creating products that provide meaningful and relevant experiences to users. This involves the design of the entire process of acquiring and integrating a technology product, including aspects of branding, design, usability, and function with importance for patient-facing Medicaid information technology such as portals and mobile platforms.
Veyo		The Connecticut DSS Contractor that administers non-emergency medical transportation services for the HUSKY Health Program.
Virtual Private Network	VPN	Provides remote access to authorized users outside of the corporate network communication channels.
Work Breakdown Structure	WBS	A hierarchical decomposition of the total scope of work to be carried out by the project team into tasks to accomplish the project objectives and create the required deliverables.